



Date:			
The named parties hereby request the American Arbitration Association to appoint a neutral umpire for the following dispute:			
Appraisal Information:			
State:			
Claim Number:		Party File Number (for this case):	
Loss Date:			
Loss Address:			
City:		State:	Zip Code:
Description of property claimed to be damaged: (attach additional pages if necessary.)			
To be completed for all parties:			
Name of Insured:		Name of Insurer:	
Address:		Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Phone No.:		Phone No.:	
Fax No.:		Fax No.:	
Email Address:		Email Address:	
Insured's Appraiser:		Insurer's Appraiser:	
Name of Firm (if applicable):		Name of Firm (if applicable):	
Address (to be used in connection with this case):		Address (to be used in connection with this case):	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Phone No.:		Phone No.:	
Fax No.:		Fax No.:	
Email Address:		Email Address:	
To begin proceedings, please file online at www.adr.org/fileonline . You will need to upload a copy of this form and the policy provision regarding the appraisal process, and pay the appropriate fee. Send this form and any other filing documents to all case participants.			